



# PORT HOPE

## POLICE SERVICE

### Experienced Police Officer Application Form

1. Carefully review and follow application instructions issued with this application form.
2. Please print clearly, complete fully and use additional paper if space is insufficient.

#### I. Personal Information

Last Name	Given Name (1)	Given Name (2)	Social Insurance #	
<b>Complete 401 address</b> (including number, street, apt. number, lot, concession, RR #)				
				RR #
<b>City or Town</b>		<b>Province</b>	<b>Postal Code</b>	
<b>Business or day phone number:</b>				
<b>Home or evening phone number:</b>				
<b>E-mail address(es):</b>				
<b>Social media profiles/handles/ names (Facebook, Twitter, etc.):</b>				

Qualifications:	Yes	No
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible to work in Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a Canadian citizen or a permanent resident of Canada?	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a valid driver's license that permits you to drive an automobile in Ontario with full driving privileges?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , do you have six or fewer demerit points?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of any criminal offence for which a pardon has not been granted or issued? (This means any fine, period of imprisonment, or period of probation offered by the court)	<input type="checkbox"/>	<input type="checkbox"/>
Do you possess a CPR certificate?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please provide the expiring date:		
<b>If no</b> , please date of scheduled training:		
Do you possess a first-aid certificate?	<input type="checkbox"/>	<input type="checkbox"/>
<b>If yes</b> , please provide the expiring date:		
<b>If no</b> , please date of scheduled training:		



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### II. Education

<b>Secondary School:</b>
Did you graduate from secondary school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest grade or level completed (or equivalency):
Type of certificate or diploma:
<b>Business, trade, or technical school:</b>
Did you attend a business, trade or technical school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Course name:
Length of program:
License, certificate, diploma awarded:
<b>Community College:</b>
Did you attend a community college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Program name:
Length of program:
License, certificate, diploma awarded:
<b>University:</b>
Did you attend a university? <input type="checkbox"/> Yes <input type="checkbox"/> No
Major area of study:
Length of program:
Degree awarded
Type of degree: <input type="checkbox"/> General <input type="checkbox"/> Honours <input type="checkbox"/> Graduate
<b>Other relevant courses, workshops, seminars, training, licenses, certificates or degrees:</b>



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### III. Employment History

Note: 1. Beginning with your present or previous employer and continuing in reverse time order, list and describe every position you have held since the beginning of your work experience. If you have held two or more positions with the same employer, list and describe each position separately. Include military, part-time and summer employment. (Please attach additional sheets as required) 2. Is your current employer(s) aware you are seeking employment? Please be advised they may be contacted at a further point in the selection process.

<b>Present or previous employer:</b>	
<b>Telephone Number</b>	<b>Date of Employment</b> From: _____ To: _____
<b>Complete mailing address (including postal code)</b>	
<b>Position title:</b>	<b>Supervisor's name and title:</b>
<b>Brief description of duties:</b>	
<b>Reason for leaving:</b>	
<b>Present or previous employer:</b>	
<b>Telephone Number</b>	<b>Date of Employment</b> From: _____ To: _____
<b>Complete mailing address (including postal code)</b>	
<b>Position title:</b>	<b>Supervisor's name and title:</b>
<b>Brief description of duties:</b>	
<b>Reason for leaving:</b>	
<b>Present or previous employer:</b>	
<b>Telephone Number</b>	<b>Date of Employment</b> From: _____ To: _____
<b>Complete mailing address (including postal code)</b>	
<b>Position title:</b>	<b>Supervisor's name and title:</b>
<b>Brief description of duties:</b>	
<b>Reason for leaving:</b>	

If more paper is need please add a page as necessary.



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### NON-Family References

<b>Non-Familial Reference #1 of 4 (over 25 years of age): Full name</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	
<b>Non-Familial Reference #2 of 4 (over 25 years of age): Full name</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	
<b>Non-Familial Reference #3 of 4 (over 25 years of age): Full name</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	
<b>Non-Familial Reference #4 of 4 (over 25 years of age): Full name</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	

### Family References

<b>1) Close Familial Reference (Over age 16): Full name (list relationship)</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	
<b>2) Close Familial Reference (Over age 16): Full name (list relationship)</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	
<b>3) Close Familial Reference (Over age 16): Full name (list relationship)</b>	
<b>Telephone Number(s)</b>	<b>Email address:</b>
<b>Complete mailing address (including postal code)</b>	



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<b>4) Close Familial Reference (Over age 16): Full name (list relationship)</b>	
Telephone Number(s)	Email address:
Complete mailing address (including postal code)	
<b>5) Close Familial Reference (Over age 16): Full name (list relationship)</b>	
Telephone Number(s)	Email address:
Complete mailing address (including postal code)	

If more paper is need please add a page as necessary.

<b>List any qualifications you have which you believe are relevant to this position:</b>															
Have you ever applied to any other police service(s): <input type="checkbox"/> Yes <input type="checkbox"/> No															
If yes, please complete the following:															
<table border="1"><thead><tr><th>Name of Service(s):</th><th>Date(s):</th><th>Is your application currently active?</th></tr></thead><tbody><tr><td></td><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr><tr><td></td><td></td><td><input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr></tbody></table>	Name of Service(s):	Date(s):	Is your application currently active?			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No													
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		<input type="checkbox"/> Yes <input type="checkbox"/> No													
		<input type="checkbox"/> Yes <input type="checkbox"/> No													

**Declaration:**  
I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration for employment or result in dismissal should I be appointed as a police constable / cadet. It is understood and accepted that I am involved in a competitive process and that I may be declined at any stage of the process.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date